

**City of San Antonio
Neighborhood Action Department
Application for Owner Occupied Rehabilitation/Reconstruction Program**

| Date | Process | | | | | | | | | | | | | | | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|----------|----------------------------|---------------------|----------|-----------------|------------------------|----------|----------------|-----------------------|----------|-----------------------------|-----------------|----------|
| April 7-18 | Application packets will be available to be picked-up at the NAD Offices at 1400 South Flores and at the following Community Link Customer Service Centers: | | | | | | | | | | | | | | | |
| | <table><tr><td>Claude Black Center</td><td>2805 E. Commerce</td><td>226-8320</td></tr><tr><td>Las Palmas Shopping Center</td><td>803 Castroville Rd.</td><td>207-6545</td></tr><tr><td>South Park Mall</td><td>2310 S.W. Military Dr.</td><td>207-6141</td></tr><tr><td>McCreless Mall</td><td>4100 S. New Braunfels</td><td>207-6570</td></tr><tr><td>Valley View Shopping Center</td><td>8523 Blanco Rd.</td><td>207-6150</td></tr></table> | Claude Black Center | 2805 E. Commerce | 226-8320 | Las Palmas Shopping Center | 803 Castroville Rd. | 207-6545 | South Park Mall | 2310 S.W. Military Dr. | 207-6141 | McCreless Mall | 4100 S. New Braunfels | 207-6570 | Valley View Shopping Center | 8523 Blanco Rd. | 207-6150 |
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| Valley View Shopping Center | 8523 Blanco Rd. | 207-6150 | | | | | | | | | | | | | | |
| May 10 | <p>Staff will be available for accepting applications from 8:00 a.m. to 12:00 p.m. or upon completely processing the required amount of applications for the program. All applications must be signed and all required documentation must accompany the application in order for it to be complete (No Exceptions). The staff will process applicants as follows:</p> <ol style="list-style-type: none">Station 1 – Review the application for completeness and required documentation, to process. If clear, proceed to next station.Station 2 – Verify income & establish income eligibility. If clear, proceed to next station.Station 3 – Check title for encumbrances and current payment of taxes. If clear, proceed to next station.Station 4 – Obtain credit report and review, for adherence to criteria and policies. If clear, proceed to next station.Station 5 – Check lot size and correct zoning. If clear, proceed to final station.Final Station - Notify applicant that they are eligible and will be contacted within two to three weeks for site visit . | | | | | | | | | | | | | | | |

Applications will be accepted on a “**first come first serve**” basis. These procedures allow the program to provide immediate processing of the applications by completing all verifications before logging the applicant for assistance.

NOTE: Funding is available for 72 applications. NAD will be certifying an additional 10 applications for a total of 82. Should any one of the first 72 eligible applicants decide not to proceed with the program, they will be replaced with one of the 10 additional applicants on a “first come first serve basis”, already pre-qualified.

Program Eligibility Requirements

1. Must have a Warranty Deed with clear title to the property.
2. All taxes must be current and paid.
3. If home is mortgaged, must not have a balance of more than \$5,000.
4. Must have valid picture identification (Texas Driver License or Department of Public Safety Picture Identification).
5. Must have a Good Credit Rating (no bankruptcy, judgments) or if no credit history has been established, a 12 month current payment history for rent and/or utilities will be the standard with no more than one late payment in a year's time.
6. Must have current property insurance or be able to provide it within 30 days from the date the application is approved.
7. Must meet HUD established Income Guidelines of 80% of Median Income (see below):

HUD HOME PROGRAM INCOME LIMITS (2/2003) (Median Income \$50,500)

| Family of | <30% | 31-50% | 51-60% | 61-80% |
|-----------|----------|----------|----------|----------|
| 1 | \$10,605 | \$17,675 | \$21,210 | \$28,280 |
| | \$884 | \$1,473 | \$1,768 | \$2,357 |
| 2 | \$12,120 | \$20,200 | \$24,240 | \$32,320 |
| | \$1,010 | \$1,680 | \$2,020 | \$2,693 |
| 3 | \$13,635 | \$22,725 | \$27,270 | \$36,360 |
| | \$1,136 | \$1,894 | \$2,273 | \$3,030 |
| 4 | \$15,150 | \$25,250 | \$30,300 | \$40,400 |
| | \$1,263 | \$2,104 | \$2,525 | \$3,367 |
| 5 | \$16,362 | \$27,270 | \$32,724 | \$43,632 |
| | \$1,364 | \$2,273 | \$2,727 | \$3,636 |
| 6 | \$17,574 | \$29,290 | \$35,148 | \$46,864 |
| | \$1,465 | \$2,441 | \$2,929 | \$3,905 |
| 7 | \$18,786 | \$31,310 | \$37,572 | \$50,096 |
| | \$1,566 | \$2,609 | \$3,131 | \$4,175 |
| 8 | \$19,998 | \$33,330 | \$39,996 | \$53,328 |
| | \$1,667 | \$2,778 | \$3,333 | \$4,444 |

Note: In addition to the above requirements, the property must be zoned residential and the lot size must be a minimum of 3,500 sq ft if reconstruction is required (This will be checked by our office when the application is accepted).

CDBG/HOME REHABILITATION/RECONSTRUCTION PROGRAM

Repayment Requirements

The program will assist homeowners by providing **low-interest loans** or **deferred payment loans** to cover the cost of the needed repairs. **No forgivable loans will be granted.**

LOANS

All eligible loans will be based on the ability to pay and may include a perpetual lien.

- ***A Low Interest Loan*** is a loan that will be repaid at an interest rate between 0% and 3% over a specific period of time.
- ***A Deferred Payment Loan*** is a loan for which yearly payments are deferred as long as the initial family continues to reside in the rehabilitated home. Payments will be due at sale or transfer of the property.

For clients who are under 30% of the Area Median Income, the loan will be based on the ability to pay and may include a perpetual lien.

For clients between 31% and 60% of the Area Median Income, the repayable portion will be at an interest rate between 0% and 3%. A perpetual lien will be secured against the property.

For clients between 61% and 80% of the Area Median Income, a loan, secured by a perpetual lien against the property, will be made at an interest rate between 0% and 3% for the cost of the rehabilitation.

Repayable Loan Terms

All repayable rehabilitation loans will be made as home improvement loans secured by a lien on the property. The loan term will be dependent upon the amount of funds invested in the property as follows:

| Investment | Loan Term |
|---------------------|-----------|
| Less than \$5,000 | 5 years |
| \$5,000 to \$40,000 | 10 years |
| Over \$40,000 | 15 years |

CITY OF SAN ANTONIO
NEIGHBORHOOD ACTION DEPARTMENT
1400 SOUTH FLORES
SAN ANTONIO, TEXAS 78204

HOME IMPROVEMENT/REPAIR APPLICATION

The following documents **MUST** accompany your application before it can be processed.

- ☐ Current Picture I.D. (Texas Driver's License or Texas Department of Public Safety I.D.)
- ☐ Application for Home Improvement Loan (completed and signed)
- ☐ Consent to Release Information (signed)
- ☐ Verification of Employment if employed (signed and completed by the employer – both husband and wife, and all members in household)
- ☐ Copies of last two (2) pay stubs (both husband and wife, and all members in household if applicable)
- ☐ IF self-employed, complete copy of Income tax returns for the past two- (2) years
- ☐ Copy of all public assistance or retirement checks (Social Security, Civil Service, etc.) or the award letter from the supportive Agency stating the current amount receiving
- ☐ If you have rental income, we require a notarized statement of the amount received monthly. (Do you pay utilities? What is the location of your rental property? What is the mortgage balance and monthly payment? How much do you pay annually for taxes and insurance?)
- ☐ If you are divorced, a copy of the divorce decree and the Deed from your spouse, if you receive Child support, verification is required
- ☐ Copy of paid utility bills (gas, electricity, water) for the last two- (2) months
- ☐ Copy of paid receipts for all real estate taxes (County, City and School)
- ☐ Copy of Home Insurance Policy
- ☐ Warranty Deed – showing clear title or vendor's lien with a mortgage balance of \$5,000, or less (if mortgaged, must bring in payment booklet)

If you cannot make it to the scheduled application date, then you **must** provide your representative with a copy of a (recorded) **Power of Attorney**.

Please call us at **207-5404**, if you need assistance in completing this application. If you wish to speak to someone in person regarding the application, please visit our office at 1400 South Flores between Cevallos and S. Alamo. Monday - Friday, between the hours of 8:00 a.m. to 4:30 p.m.

Note: Incomplete applications will not be accepted.

SE HABLA ESPANOL

**City of San Antonio
Neighborhood Action Department
APPLICATION FOR HOME IMPROVEMENT PROGRAM**

DATE OF APPLICATION _____

REFERRED BY _____

FOR OFFICE USE ONLY

Census Tract: _____

SHTA/Area: _____

Precinct: _____

Zoning: _____

Council District: _____

| APPLICANT'S NAME | | DATE OF BIRTH | | SPOUSE | | DATE OF BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|---------------------------------------------------------------------------------------------------|-----------|------------------------------|-------|---------------------|----------|----------|----------|---------------------------|----------|----------|----------|---------------|----------|----------|----------|------------------------|----------|----------|----------|-------------------|----------|----------|----------|--------------------------|----------|----------|----------|-----------------|----------|----------|----------|---------------------|-----------------|-----------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| ADDRESS (Number, Street, Zip) | | | | HOME PHONE | | NAME & PHONE NO. OF RELATIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MARITAL STATUS (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law | | | | DEPENDENTS No. _____ Ages _____ OTHER INDIVIDUALS IN HOUSEHOLD: No. _____ Ages _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND ADDRESS OF EMPLOYER | | | | NAME AND ADDRESS OF EMPLOYER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSITION OR TITLE | | NO. OF YEARS | | POSITION OR TITLE | | NO. OF YEARS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOCIAL SECURITY NUMBER | | WORK PHONE | | SOCIAL SECURITY NUMBER | | WORK PHONE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL GROSS MONTHLY INCOME | | | | MORTGAGE/HOUSE PAYMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">SOURCE</th> <th style="text-align: right; border-bottom: 1px solid black;">APPLICANT</th> <th style="text-align: right; border-bottom: 1px solid black;">SPOUSE</th> <th style="text-align: right; border-bottom: 1px solid black;">TOTAL</th> </tr> </thead> <tbody> <tr> <td><u>Employment *</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><u>Dividends/Interest</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><u>Rental</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><u>Social Security</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><u>Retirement</u></td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>VA, Civil Service</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>OTHER **</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>TOTAL INCOME</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> | | | | SOURCE | APPLICANT | SPOUSE | TOTAL | <u>Employment *</u> | \$ _____ | \$ _____ | \$ _____ | <u>Dividends/Interest</u> | \$ _____ | \$ _____ | \$ _____ | <u>Rental</u> | \$ _____ | \$ _____ | \$ _____ | <u>Social Security</u> | \$ _____ | \$ _____ | \$ _____ | <u>Retirement</u> | \$ _____ | \$ _____ | \$ _____ | VA, Civil Service | \$ _____ | \$ _____ | \$ _____ | OTHER ** | \$ _____ | \$ _____ | \$ _____ | TOTAL INCOME | \$ _____ | \$ _____ | \$ _____ | NAME, ADDRESS, AND ZIP CODE OF NOTEHOLDER <div style="margin-top: 20px;"> Date of Purchase _____ Balance of Mortgage \$ _____ Total Monthly Payment \$ _____ </div> | | | |
| SOURCE | APPLICANT | SPOUSE | TOTAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Employment *</u> | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Dividends/Interest</u> | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Rental</u> | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Social Security</u> | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Retirement</u> | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA, Civil Service | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER ** | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL INCOME | \$ _____ | \$ _____ | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* If you have been employed in your current position for less than two years, please provide the name and address of your previous employer(s).

** Describe "Other" income and provide the recipient's name, the source of the money, and the monthly amount received.

NOTICE: REGARDING "OTHER" INCOME: Alimony, child support, or separate maintenance **MUST** be revealed. If you do not choose to have it considered as a basis for repaying this loan, please mark an "X" next to the amount received.

| TO WHOM OWED | ACCOUNT NO. | PAYMENT | BALANCE | ARE PAYMENTS CURRENT? |
|--------------|-------------|---------|---------|-----------------------|
|--------------|-------------|---------|---------|-----------------------|

| | | | | | |
|----------------|----------|---------------|----------|------------------|----------|
| Property Taxes | \$ _____ | Child Support | \$ _____ | Clothing | \$ _____ |
| Home Insurance | \$ _____ | Child Care | \$ _____ | Auto Insurance | \$ _____ |
| Utilities | \$ _____ | Tuition/Books | \$ _____ | Gas/Bus Fare | \$ _____ |
| Groceries | \$ _____ | Medical Bills | \$ _____ | Health Insurance | \$ _____ |

Checking Account - Bank Name: _____ Balance \$ _____ Annual Interest \$ _____

Savings Account - Bank Name: _____ Balance \$ _____ Annual Interest \$ _____

Are there any members of your household handicapped or disabled? **YES** ☐ **NO** ☐

Name of disabled person: _____
 Length of disability: _____ Nature of Disability: _____

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES: The information concerning Minority Group Categories, is requested for statistical purposes so the Agency may determine the degree to which its programs are being utilized by Minority Families and has no bearing on the acceptance of this application. **IF SUCH INFORMATION IS NOT PROVIDED, THE AGENCY IS REQUIRED TO NOTE RACE/NATIONAL ORIGIN AND SEX ON THE BASIS OF SIGHT AND/OR SURNAME.**

RACE: WHITE ☐ BLACK/NEGRO ☐ HISPANIC ☐ AMERICAN INDIAN ☐ ORIENTAL ☐ OTHER _____

SEX: MALE ☐ FEMALE ☐

ARE YOU A U.S. CITIZEN? YES ☐ NO ☐

ARE YOU A PERMANENT RESIDENT ALIEN? YES ☐ NO ☐

APPLICANT'S CERTIFICATIONS

The applicant (whether one or more) certifies that all information in the application and all information furnished in support of this application, is given for the purpose of obtaining a loan under the CDBG or HOME Program and is true and complete to the best of the applicant's knowledge and belief. The applicant, additionally certifies that the applicant is the **OWNER AND OCCUPANT** of the property to be repaired.

APPLICANT'S SIGNATURE _____

DATE _____

APPLICANT'S SIGNATURE _____

DATE _____

PENALTY FOR FALSE OR FRAUDULENT STATEMENT. USC Title 18, Sec. 1001, provides; “Whomever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

DUE TO LIMITED FUNDING, ASSISTANCE IS LIMITED TO ONE TIME. IF YOU HAVE PREVIOUSLY RECEIVED ASSISTANCE THROUGH THIS AGENCY, YOU ARE NOT ELIGIBLE TO PARTICIPATE IN THE PROGRAM

CONSENT TO RELEASE INFORMATION

I hereby authorize the release of information from your records to the City of San Antonio, Neighborhood Action Department (NAD). This authorization is made in connection with an application that has been made for assistance in repairing your home.

Your prompt reply containing the required information will be appreciated.

Sincerely,

Signature of Applicant

Social Security Number

Signature of Applicant

Social Security Number

Applicant's Home Address

LIST ALL OTHER RESIDENTS AND THEIR INCOME BELOW

(If more room is needed, please attach another sheet.)

Name of Resident _____ Age: _____

Relationship to Applicant _____

How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

.....
Name of Resident _____ Age: _____

Relationship to Applicant _____

How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

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Name of Resident _____ Age: _____

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How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

.....

REQUEST FOR VERIFICATION OF EMPLOYMENT

DATE OF THIS REQUEST _____

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| APPLICANT'S NAME, ADDRESS, ZIP CODE | | EMPLOYER'S NAME, ADDRESS, ZIP CODE | |
| AUTHORIZATION BY APPLICANT I authorize my employer to furnish the data regarding my employment as requested below. Signature _____ Social Security No. _____ Date _____ | | NOTE TO EMPLOYER The applicant identified has applied for a home improvement loan. The applicant has authorized NAD to obtain verification from any source named in the application. Your verification of employment is for the confidential use of this Department. Please furnish the data requested and return this form, using the self-addressed envelope provided. | |
| EMPLOYER'S VERIFICATION | | | |
| Position held | | Rate of Pay (if employee works less than 40 hours per week, please indicate the average hours worked.) | |
| Dates of Employment FROM _____ TO _____ | | Hourly \$ _____ | Annual \$ _____ |
| Probability of continued employment | | Additional Compensation (Actual amounts received past 12 months) | |
| REMARKS | | Overtime | \$ _____ |
| | | Commissions | \$ _____ |
| | | Bonus | \$ _____ |
| | | If applicant is in military service, provide income on monthly basis as follows: Base Pay \$ _____ Quarters and Subsistence \$ _____ Flight/Hazard Duty Pay \$ _____ | |
| Signature of Employer | | RETURN TO: CITY OF SAN ANTONIO NEIGHBORHOOD ACTION DEPARTMENT 1400 SOUTH FLORES SAN ANTONIO, TEXAS 78204 ATTENTION: HOUSING OPERATIONS DEPARTMENT | |
| The above information is furnished in strict confidence, in response to your request. | | | |
| Signature _____ | | | |
| Title _____ | | | |
| Date _____ | | | |

REQUEST FOR VERIFICATION OF MORTGAGE OR DEED OF TRUST

DATE OF THIS REQUEST _____

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| APPLICANT'S NAME, ADDRESS, ZIP CODE | | MORTGAGEE'S NAME, ADDRESS, ZIP CODE ACCOUNT NO. _____ | |
| AUTHORIZATION BY APPLICANT I authorize the mortgagee to furnish the information regarding the mortgage identified above. Signature_____ Date_____ | | NOTE TO MORTGAGEE/NOTE HOLDER The applicant identified herein has applied for a home improvement loan. The applicant has authorized NAD to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of this Department. Please furnish the information requested, and return in the self-addressed envelope provided. | |
| MORTGAGE DATA | | | |
| <u>Date of Mortgage</u> | Date of Maturity | Type of Mortgage : | |
| Original Mortgage Amount \$_____ | Present Balance \$_____ | <input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> FHA <input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> VA | |
| <u>PAYMENTS</u> Principal and Interest \$ _____ Mortgage Insurance Premium \$ _____ Real Estate Taxes \$ _____ Property Insurance \$ _____ TOTAL MONTHLY MORTGAGE \$ _____ | | Are payments current? <input type="checkbox"/> YES <input type="checkbox"/> NO If not current, amount in arrears \$ _____ Number of payments in arrears _____ | |
| REMARKS | | State the amount of termination fee or prepayment penalty payable upon full repayment of the loan. \$ _____ | |
| Signature of Mortgagee Signature_____ Title _____ Date_____ | | Has this account been satisfactory? <input type="checkbox"/> YES <input type="checkbox"/> NO RETURN TO: <div style="text-align: center;"> CITY OF SAN ANTONIO NEIGHBORHOOD ACTION DEPARTMENT 1400 SOUTH FLORES SAN ANTONIO, TEXAS 78204 </div> ATTENTION: HOUSING OPERATIONS DEPARTMENT | |

REFERRAL NUMBER LIST

| | | |
|-------------------------------------------------------------------|-----------------------------------------|---------------------|
| Consumer Credit Counseling Service | 6851 Citizens Parkway, Suite 100 | 210 979-4300 |
| Bexar County Tax Office (Main Office) | 233 N. Pecos at W. Martin | 210 335-6628 |
| Legal Aid Association (Downtown) | 434 S. Main, Suite 300 | 210 227-0111 |
| (East Side) | 2039 E. Houston | 210 226-9356 |
| Legal Aid for the Elderly | | 210 362-5248 |
| Dept. of Public Safety (Picture I.D. & Driver License) | 1258 Babcock | 210 737-1911 |
| | 1803 Gen. McMullen | 210 436-6611 |
| | 6502 S. New Braunfels | 210 531-2240 |
| | 9834 Perrin Beitel | 210 655-8102 |

NON- PROFIT ORGANZATIONS

| | | |
|----------------------------------------|------------------------|---------------------|
| Neighborhood Housing Services | 847 Steves Ave. | 210 533-6673 |
| San Antonio Alternative Housing | 1215 S. Trinity | 210 224-2349 |
| U.U. Housing | 2015 N. Main | 210 731-8203 |

DEPARTMENT OF ZONING

For any zoning issues, please call any of the following numbers.

207-5502

207-5503

207-7970

207-7915